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REQUEST

FOR

CONTINUED EXAMINATION (RCE)

TRANSMITTAL

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

10/664,538			
September 19, 2003			
Koji Hosono			
2814			
Weiss, Howard.			
81790.0298			

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

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1. Submission required under 37 CFR 1.114								
	<u> </u>		Previously submitte	ed.				
	a.	i.			R 1.116 previo	ously filed on		
		••	(Any unentered ar	mendment(s) referred to above will be en	tered).			
		ii.	Consider the a	rguments in the Appeal Brief or	Reply Brief pi	reviously filed on		
		<u>iii.</u>	Other					
	b.	\boxtimes	Enclosed		🗖 🕶	S (D) 1 (St to cont (IDS)		
		i.	Amendment/R			formation Disclosure Statement (IDS)		
		ii.	Affidavit(s)/Do	eciaration(s)	1V. 🔲 Ot	iner		
2.	Miscellaneous							
۷.	a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a							
	u.	ш	period of mo	onths. (Period of suspension shall	l not exceed 3	3 months; Fee under 37 CFR 1.17(i) required)		
,	b.		-					
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3.		ees	The RCE fee unde	er 37 CFR 1.17(e) is required by 37 CFR	1.114 when the R	RCE is filed.		
	a.	\boxtimes			owing fees, or	credit any overpayments, to Deposit		
			Account No. <u>50-13</u>					
		i.		red under 37 CFR 1.17(e) - \$790				
		ii.	Other	ime fee (37 CFR 1.136 and 1.17)				
	b .	iii.	Check in the amount	nt of \$	enclosed			
	C.	H		card (Form PTO-2038 enclosed)	_			
	C.	Ш				Credit card information should not be included on		
				e credit card information and a				
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			SIG	SNATURE OF APPLICANT, A	TTORNEY, O	OR AGENT REQUIRED		
	Name		(Print Type)	Troy M. Schmelzer		No. (Attorney Agent) 36,667		
	Signa	ature		TAGE	Date	June 29, 2005		
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CERTIFICATE OF MAILING OR TRANSMISSION								
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